



FOR OFFICE USE ONLY  
SCANNED

# Child Information Form

Valid through May 2026-April 2027

additional information forms available at [hfparks.com](http://hfparks.com)

Program: \_\_\_\_\_

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Birth date \_\_\_\_\_

Grade in the fall \_\_\_\_\_ School Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Primary Guardian's Last Name \_\_\_\_\_ Primary Guardian's First Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Guardian's Place of Work \_\_\_\_\_ City \_\_\_\_\_ Alternative Number \_\_\_\_\_

Secondary Guardian's Last Name \_\_\_\_\_ Secondary Guardian's First Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Secondary Guardian's Place of Work \_\_\_\_\_ City \_\_\_\_\_ Alternative Number \_\_\_\_\_

Is your child presently on any medication?  no  yes If yes, please complete Medical Information Form  
Does your child have any allergies?  no  yes If yes, please complete a FARE Form

For Stomping Grounds Only: Would you classify your child as a  swimmer  non-swimmer

The information listed on this form can be used for an additional, same household child listed below:

Additional Child's Last Name \_\_\_\_\_ Additional Child's First Name \_\_\_\_\_ Birth date \_\_\_\_\_

Grade in the fall \_\_\_\_\_ School Name \_\_\_\_\_

Is your child presently on any medication?  no  yes If yes, please complete Medical Information Form  
Does your child have any allergies?  no  yes If yes, please complete a FARE Form

For Stomping Grounds Only: Would you classify your child as a  swimmer  non-swimmer

Does your child(ren) need special accommodations? no yes If yes, please list: \_\_\_\_\_

[OPTIONAL] I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give permission for my child to arrive or leave the program in the following ways:  walk  bike

**WAIVER EMERGENCY RELEASE FORM**

**WAIVER & RELEASE IMPORTANT INFORMATION**

The Homewood-Flossmoor Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Homewood-Flossmoor Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. **WARNING OF RISK** Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Homewood-Flossmoor Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) including its officials, agents, volunteers and employees (hereinafter collectively referred to as Homewood-Flossmoor Park District. I do hereby fully release and forever discharge The Homewood-Flossmoor Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

**IN THE EVENT OF ANY EMERGENCY, I AUTHORIZE DISTRICT OFFICIALS TO SECURE FROM ANY LICENSED HOSPITAL, PHYSICIAN AND/OR MEDICAL PERSONNEL ANY TREATMENT DEEMED NECESSARY FOR ME OR MY MINOR CHILD/WARD'S IMMEDIATE CARE AND AGREE THAT I WILL BE RESPONSIBLE FOR PAYMENT OF ANY AND ALL MEDICAL SERVICES RENDERED.** I, the child's parent, authorize, in advance, all emergency treatment.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Additional Child's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PROGRAM RELEASE INFORMATION**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ will drop off and pick up my child from this program. In the event that I am unable to do so, I give authorization for the individuals listed below to pick up my child. These individuals are the only people with whom my child is allowed to leave with from the Park District activity. **I understand that any changes to this list must be made in advance and in writing to the Homewood-Flossmoor Park District staff.**

\_\_\_\_\_  
Individual's Name Phone Number Alternative Phone Number

\_\_\_\_\_  
Individual's Name Phone Number Alternative Phone Number

\_\_\_\_\_  
Individual's Name Phone Number Alternative Phone Number

**PARENT HANDBOOK AND REGISTRATION & POLICY INFORMATION**

**Parent Handbook and Registration & Policy Information:** I have read and understand the Parent Handbook and have read and understand the Registration & Policy Information (available online at hfparks.com)

**PHOTO ID Requirement:** I understand that anyone picking up my child(ren) from a program may be required to show a photo ID.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Child's Name/Signature

\_\_\_\_\_  
Date